

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 587372

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		1				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11	1		1			
12		1				
13		2				
14		2				
15		2				
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24		2				
25		2				
26		2				
27		2				
28		2				
29		2	1			
30		2				
31		2				
32		2				
33		2				
34		2	1			
35		2				
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42		2				
43		2				
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48						
49						
50						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	39	←		←
TOTAL CLAIMS			43			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						